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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

POCUMENT # P9400032756 (6)

## **FILED** May 06 1997 8:00am Secretary of State

| SILVER Q, INC.  Principal Place of Business Mailing Address 225 WEST UNIVERSITY AVENUE 225 WEST UNIVERSITY AVENUE  |   |  |  |                       |   |                                   |  |  |
|--|---|--|--|-----------------------|---|-----------------------------------|--|--|
| GAINESVILLE FL 32801 GAINESVILLE FL 32801-5211   |   |  |  |                       |   |                                   |  |  |
|  |   |  |  |                       | 3. Date Incorporated or 04/29/1994        |                                   | ate of Last F<br>/30/1996              | Report                                       |
| 2. Principal P   | lace of Business                                      | 2a. Mailing Address                              | S  |                       | 4. FEI Number                             |                                   | A                                      | pplied For                                   |
| 21   |   | 26   |  |                       | 59-3240758                                |                                   |  | ot Applicable                                |
| Suite, Apt   | #, €IC.   | Suite, Apt. #, et                                | C.   |                       | 5. Certificate of Status D                | esired                            |  | Additional<br>equired                        |
| City & State   | · · · · · · · · · · · · · · · · · · ·                 | City & State                                     |  |                       | 6. Election Campaign Fir                  | nancina                           |  | :  |
| 23   |   | 28   |  |                       | Trust Fund Contribution                   |                                   |  | May Be<br>to Fees                            |
| Zip  | Country   | Zip  | Cour   | ntry                  | 8. This corporation has li                |                                   |  |  |
| 24   | 25  | 29   | 30   |                       | Florida Statutes                          | Yes                               |  | ·  |
|  | 9. Name and Address of Cu                             | irrent Registered Agent                          |  |                       | 10. Name and Address of                   | of New Registered                 | Agent                                  |  |
|  | QUE, JOSEPH C   |  | ļ  | Name C                | INQUE, JOS                                | EPH C.                            |  |  |
|  | 5 S.W. 35TH PLACE                                     |  | Į.   | B2 Street Add         | iress (P.O. Box Number is Not             | ( Acceptable)                     | <del></del>                            |  |
|  | . 107   |  |  | 201                   | W. UNIVERSIT                              | Y AVE                             |  |  |
| GAI  | NESVILLE FL 32608                                     |  | \  |                       |   |                                   |  |  |
| ŧ  |   |  | Į.   | B4 City               | VESUILL                                   | FL                                | 85 Zip                                 | Code   |
| 11 Directori   | to the provisions of Sections 607                     | 0502 and 607 1509 Florida                        | Statutes the an  | ove-named cov         | poretion submits this statemen            |                                   |  | 601  |
| office or r  | registered agent, or both, in the S                   | State of Florida, Such change                    | une authorizad   | Overtained Con        | tion's board of directors. I be           | reby accept the ap                | pointment as                           | registered                                   |
|  |   | 007.00   | was authorized   | by the corpora        | Ition's board of directors. The           | ,                                 |  |  |
| agent La   | rn familiar with, and accept the c                    |  |  |                       | tion's board of directors. I her          |                                   |  |  |
| agent La<br>SiGNATURE  | (ol-  | / cz . Tosi                                      | EPH CI   | NOUL                  |   | 1-27.                             |  |  |
|  | Signable approachplished name registers Of FICERS     | / cz . Tosi                                      | EPH CI   | NOUL                  | ired when reinstating)  ADDITIONS/CHANGES | 1-27.                             | -97                                    | RS IN 12                                     |
| SIGNATURE  | Signification of Property Of Ficers                   | Tos  | EFH CI<br>(NOTE Registered   | Agent signature requi | ired when reinstaling)                    | 1-27.                             | -97                                    |  |
| SIGNATURE  | OFFICERS PSD CINQUE, JOSEPH C                         | PO agent and the applicable S AND DIRECTORS      | (NOTE Registered   | Agent signature requi | ired when reinstaling)                    | 1-27.                             | 97<br>D DIRECTO                        | RS IN 12                                     |
| SIGNATURE 12. THE  | OFFICERS PSD CINQUE, JOSEPH C 2635 S.W. 35TH PLACE, I | PO agent and the applicable S AND DIRECTORS      | (NOTE Registered  13. TE 11 THI  1.2 NA/   | Agent signature requi | ired when reinstaling)                    | 1-27.                             | 97<br>D DIRECTO                        | RS IN 12                                     |
| SIGNATURE  12. THEE NAME SIPERI ADDRESS CITY-S ZIP   | OFFICERS PSD CINQUE, JOSEPH C                         | en agert and the applicable S AND DIRECTORS DELE | (NOTE Registered  13. TE 11 TITL  1.2 NA/ 1.3 STF  1.4 CIT   | Agent signature requi | ired when reinstaling)                    | 1-27.                             | D DIRECTOI                             | RS IN 12                                     |
| SIGNATURE  12. THE NAME SIPERI ADDRESS CUY-S ZIP TITLE   | OFFICERS PSD CINQUE, JOSEPH C 2635 S.W. 35TH PLACE, I | PO agent and the applicable S AND DIRECTORS      | (NOTE Registered  13. TE 11 TITL  1.2 NAV  1.3 STF  1.4 CIT  TE 2.1 TITL   | Agent signature requi | ired when reinstaling)                    | 1-27.                             | 97<br>D DIRECTO                        | RS IN 12                                     |
| SIGNATURE  12. THEE NAME SIPERI ADDRESS CITY-S ZIP THEE NAME   | OFFICERS PSD CINQUE, JOSEPH C 2635 S.W. 35TH PLACE, I | en agert and the applicable S AND DIRECTORS DELE | (NOTE Registered  13. TE 11 TITL  1.2 NA  1.3 STF  1.4 CIT  TE 2.1 NITL  2.2 NA  | Agent signature requi | ired when reinstaling)                    | 1-27.                             | D DIRECTOI                             | RS IN 12                                     |
| SIGNATURE  12. THEE NAME SIPELLADORLSS CITY-S ZIP THEE NAME STREELADORESS  | OFFICERS PSD CINQUE, JOSEPH C 2635 S.W. 35TH PLACE, I | en agert and the applicable S AND DIRECTORS DELE | (NOTE Registered  13. TE 11 TITU 12 NA 13 STF 1.4 CIT TE 2.1 TITU 22 NA 23 STF   | Agent signature requi | ired when reinstaling)                    | 1-27.                             | D DIRECTOI                             | RS IN 12                                     |
| SIGNATURE  12. THEE NAME SIPELLADORESS CITY-S ZIP THEE NAME STREELADORESS CITY-S1-ZP   | OFFICERS PSD CINQUE, JOSEPH C 2635 S.W. 35TH PLACE, I | POS POS AND DIRECTORS  DELE  NO. 107             | (NOTE Registered (NOTE Registered 13. TE 11 TITU 12 NA 13 STF 1.4 CIT TE 2.1 TITU 22 NAI 23 STF 2.4 CIT  | Agent signature requi | ired when reinstaling)                    | 1-27-<br>DATE<br>TO OFFICERS AN   | D DIRECTOI Change                      | RS IN 12 Addition Addition                   |
| SIGNATURE  12. THEE NAME SIPELI ADDRESS CITY-S - ZIP THE! NAME STREEL ADDRESS CITY-S1-ZIP THEE   | OFFICERS PSD CINQUE, JOSEPH C 2635 S.W. 35TH PLACE, I | en agert and the applicable S AND DIRECTORS DELE | (NOTE Registered  13.  TE 11 TITU 12 NAV 13 STF 14 CIT TE 2.1 TITU 22 NAV 23 STF 2.4 CIT TE 3.1 TITU   | Agent signature requi | ired when reinstaling)                    | 1-27.                             | D DIRECTOI                             | RS IN 12                                     |
| SIGNATURE  12. THEE NAME SIPERI ADDRESS CITY-S ZIP THEE NAME STREET ADDRESS CITY-S1-ZIP THEE NAME  | OFFICERS PSD CINQUE, JOSEPH C 2635 S.W. 35TH PLACE, I | POS POS AND DIRECTORS  DELE  NO. 107             | (NOTE Registered  13. TE 11 TITL 12 NAT 1.3 STF 1.4 CIT TE 2.1 TITL 22 NAT 23 STF 2.4 CIT TE 3.1 TITL 32 NAT   | Agent signature requi | ired when reinstaling)                    | 1-27-<br>DATE<br>TO OFFICERS AN   | D DIRECTOI Change                      | RS IN 12 Addition Addition                   |
| SIGNATURE  12. THE NAME SIPET ADDRESS CITY-S ZIP THE NAME STREET ADDRESS CITY-S1-ZIP THE NAME STREET ADDRESS STREET ADDRESS  | OFFICERS PSD CINQUE, JOSEPH C 2635 S.W. 35TH PLACE, I | POS POS AND DIRECTORS  DELE  NO. 107             | (NOTE Registered  13. TE 11 TITL 12 NAV 1.3 STF 1.4 CIT TE 2.1 TITL 22 NAV 23 STF 2.4 CIT TE 3.1 TITL 32 NAV 3.3 STF   | Agent signature requi | ired when reinstaling)                    | 1-27-<br>DATE<br>TO OFFICERS AN   | D DIRECTOI Change                      | RS IN 12 Addition Addition                   |
| SIGNATURE  12. THEE NAME SIPERI ADDRESS CITY-S ZIP THEE NAME STREET ADDRESS CITY-S1-ZIP THEE NAME  | OFFICERS PSD CINQUE, JOSEPH C 2635 S.W. 35TH PLACE, I | POS POS AND DIRECTORS  DELE  NO. 107             | (NOTE Registered  13. TE 11 TITL 12 NAT 1.3 STF 1.4 CIT TE 2.1 TITL 2.2 NAT 2.3 STF 2.4 CIT TE 3.1 TITL 3.2 NAT 3.3 STF 3.4 CIT 3.4 CIT 3.4 CIT 3.4 CIT 3.4 CIT 3.7 CI | Agent signature requi | ired when reinstaling)                    | 1-27-<br>DATE<br>TO OFFICERS AN   | D DIRECTOI Change                      | RS IN 12 Addition Addition                   |
| SIGNATURE  12. THEE NAME SIPET ADDRESS CITY-S ZIP THEE NAME SIPET ADDRESS CITY-S1-ZIP THEE NAME SIREFI ADDRESS CITY-S1-ZIP CITY-S1-ZIP   | OFFICERS PSD CINQUE, JOSEPH C 2635 S.W. 35TH PLACE, I | NO. 107  | (NOTE Registered  13. TE 11 TITL 12 NAV 1.3 STF 1.4 CIT TE 2.1 TITL 22 NAV 23 STF 2.4 CIT TE 3.1 TITL 32 NAV 33 STF 3.4 CIT TE 4.1 TITL TE | Agent signature requi | ired when reinstaling)                    | 1-27-<br>DATE<br>TO OFFICERS AN   | D DIRECTOI Change Change               | R\$ IN 12 Addition Addition                  |
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| SIGNATURE  12. THEE NAME SIPELLADDRESS CHY-S ZIP THEE NAME STREELADDRESS CHY-S1-ZIP THEE NAME SIREFLADDRESS CHY-S1-ZIP THEE NAME NAME NAME   | OFFICERS PSD CINQUE, JOSEPH C 2635 S.W. 35TH PLACE, I | NO. 107  | (NOTE Registered  13. TE 11 TITL 12 NAV 1.3 STF 1.4 CIT TE 2.1 TITL 22 NAV 23 STF 2.4 CIT 32 NAV 3.3 STF 3.4 CIT TE 4.1 TITL 4 2 NAV 4.3 STF   | Agent signature requi | ired when reinstaling)                    | 1-27-<br>DATE<br>TO OFFICERS AN   | D DIRECTOI Change Change               | R\$ IN 12 Addition Addition                  |
| SIGNATURE  12. THE NAME STREET ADDRESS CITY-SI-ZIP THE NAME STREET ADDRESS CITY-SI-ZIP THE NAME STREET ADDRESS CITY-SI-ZIP THE NAME STREET ADDRESS   | OFFICERS PSD CINQUE, JOSEPH C 2635 S.W. 35TH PLACE, I | NO. 107  | (NOTE Registered  13. TE 11 TITL 12 NAV 1.3 STF 1.4 CIT TE 2.1 TITL 22 NAV 23 STF 2.4 CIT TE 3.1 TITL 32 NAV 33 STF 3.4 CIT TE 4.1 TITL 4 2 NAV 4.3 STF 4.4 CIT  | Agent signature requi | ired when reinstaling)                    | 1-27-<br>DATE<br>S TO OFFICERS AN | D DIRECTOI Change Change               | R\$ IN 12 Addition Addition                  |
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Lam an officer or freetor of the corporation of the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

0068878